Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

						_	1			
Establishment Name ARBY'S #6532						Est	Telephone Number (812) 944-6625	Date of Inspection	ID#	
Address 2119 STATE ST, NEW ALBANY IN 47150						Own 678-514-4100		07/21/2021		
Owner RTM OPERATING COMPANY, LLC							Purpose X Routine	Follow Up 08/03/2021	Released 07/31/2021	
Owner's Address 3 GLENLAKE PARKWAY NE (5TH FLOOR) ATLANTA, GA 30328-							Follow-up Complaint			
Person in Charge GERON BROWN							Pre-Operational			
Responsible Person's Email MJOCHUM@INSPIREBRANDS.COM							Temporary			
Certified Food Handler BARBARA JACKSON							Other (list)			
				AND NARRATIVE COLUMN	NS MARKED "C" "SUMMARY OF VIOLATIONS" AND	IN THE NA	RRAIVE COLUMN MARKED AS "R"			
Section #	С	NC	R	Narrative		To Be Corrected				
171	Х		Observed 2 employees not using ic			op for	ice when preparing drinks.	RETRAIN STAFF		
177	Х			Observed water tomatoes.	leaking from walkin coo	7/30/21				
229	Х			Observed soda nozzles on soda machine at the drive thru to be moldy.				TODAY		
204		X		Observed scrub shelf in walk in	brushes to and bucket to cooler.	CORRECTED				
218		Χ			ach in cooler reading a to	-		7/30/21		
232		X			above fryers to be dripp	7/30/21				
324 404		X X			aildup on pipes on conde	7/30/21 7/30/21				
				the back handwa	ashing sink, and next to	ollowing areas: by the mop sink, by the single serve fry holders.				
430		Х		lower half.	switch plate next to walk	c in coc	ler broken and missing	TODAY		
431		Χ	Χ	Observed floor	fan by front handwashin	g sink	to be dusty.	TODAY		
433	X X Observed mops left to dry in mop bucket. TODAY									
Summary of V	iolations	(C -	3 NC	<u>8</u> R <u>2</u>					
Received by (name and title printed):							Inspected by (name and title printed):			
GERON BROWN							Christa Manus EHS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		